



The Bridge Between Practice and Research in Addictions Nursing

**EASTERN WISCONSIN CHAPTER**

**Membership Application**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_ Part of address (Yes or No): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Certifications/Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

**1. Eastern WI IntNSA Membership Dues – Select 1 of the following:**

All memberships are valid for 365 days (1 year) from the join/renew date.

Regular (All nurses, Retired, Medically Disabled/Retired, Auxiliary)      Student  
o \$50      o \$10

**2. IntNSA Foundation Donation (not required for membership)**      \$ \_\_\_\_\_  
Friend is \$1 to \$99      Bronze \$100 to \$199      Gold \$200 to \$299      Silver \$300 to \$499      Platinum \$500+

**3. Total Due: (1 + 2 above)**      \$ \_\_\_\_\_

**Method of Payment** (U. S. Dollars only): \_\_\_\_\_ Check \_\_\_\_\_ Electronic

**Please make your payment to “Eastern WI IntNSA” in US Dollar currency and return with this form to:**

**Eastern WI IntNSA  
Kristin Waite-Labott, RBH  
11101 W. Lincoln Ave  
West Allis, WI 53227  
or  
kristin.waitelabott@rogersbh.org**

Please complete the additional information on the following pages.



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### **Demographics and Profile Information**

**Birthdate (MM/DD/YYYY):** \_\_\_\_\_ **Gender** **Level of Education (select any/all)**

- |  |                              |
|--|------------------------------|
| <input type="radio"/> Male                   | <input type="radio"/> ADN    |
| <input type="radio"/> Female                 | <input type="radio"/> BSN    |
| <input type="radio"/> Choose not to disclose | <input type="radio"/> MS/MSN |
| <input type="radio"/> Other: _____           | <input type="radio"/> PhD    |
|  | <input type="radio"/> DNP    |
|  | <input type="radio"/> EdD    |

**Experience in Nursing**

- less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- over 20 years

**Experience in Psychiatric Nursing**

- less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- over 20 years

**Licensure**

- RN
- APRN

**Other Licensure:** \_\_\_\_\_

**Primary Work Setting (select 1)**

- Community Agency
- Community Health Center
- Emergency Services
- Employee Assistance
- Home Health Agency
- Industry o Faculty – Academic
- Mental Health Care Clinic
- Military
- Primary Care Office
- Prison/Jail
- Private Investor-owned Hospital
- Private Non-profit Hospital
- Public/Federal Hospital
- Private Practice
- School/College/Department of Nursing

**Primary Setting Role (select 1)**

- Case Manager
  - Clinical Educator
  - Clinical Nurse Specialist
  - Consultant
  - Consultation Liaison
  - Head Nurse/Manager/Assistant Head Nurse
  - Nurse Practitioner
  - Researcher
  - Staff Nurse
  - Therapist
  - Other
- \_\_\_\_\_